

# **Libby Community Advisory Group**

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## **Meeting Summary**

**November 14, 2002**

### **Introductions**

Gerald Mueller and members of the Libby Community Advisory Group (CAG) introduced themselves. A list of the members and guests in attendance is attached below as Appendix 1. Richard Flesher stated his intention to join the CAG as a member at its next meeting.

### **Moment of Silence**

The CAG held a moment of silence in honor of Bob Wilkens, Don Wilken's father, who recently died.

### **Agenda**

Mr. Mueller reviewed an agenda for this meeting, including the following topics:

- Correction and additions to the October 10 Meeting Summary
- EPA Report
- ATSDR Report
- State Report
- CARD Clinic Report
- County Report
- Sources of Funding for Libby Medical Care
- Medical Health Plan
- Public Comment

### **Correction and Additions to the October 10 Meeting Summary**

Correction - At the request of Commissioner Rita Windom, Gerald Mueller explained a correction to the October 10 meeting summary. Commissioner Windom had reported at the meeting on two grants, one for a satellite receiver that will be installed on the City Hall building and one for in-home care. The October 10 meeting summary reported that the County had received both grants; however, the County has only applied for the second to fund the in-home care. In her correction, Commissioner Windom noted that the County expects to know in April 2003 if the in-home care grant will be approved.

Addition - A member of the audience at the October 10, 2002 CAG meeting indicated to EPA that he did not think his comments were adequately captured in the meeting summary. Meeting summaries are not a verbatim transcription of comments and questions. They are written to capture the main points of Agency reports and CAG and audience member questions and responses. If anyone wishes to hear the complete proceedings of any CAG meeting, the recorded audio tape is available at the EPA Information Center.

However, since this individual was concerned that his comments or questions were left out and should be in the summary, they are added as follows.

*Audience Member Question \_ Is there any guarantee that you will have your property replaced by EPA if they remove it?*

*Response \_ EPA uses photographs to document the condition of the property before the cleanup to be able to restore the property to the extent possible to its original condition. If anything is damaged or destroyed during cleanup it would be replaced.*

*Audience Member Comment \_ I am concerned that cleanup issues are being dealt with*

*secretly in the City Council and that the Mayor has benefitted inappropriately from the relocation of Millwork West.*

## **EPA Report**

Jim Christiansen and Wendy Thomi reported on behalf of EPA on the following subjects.

Screening Plant - Mop up and restoration is underway. Roads are being rerouted and work is underway on the electric distribution lines.

Flyway Site - Construction time will not allow cleanup of this site before the onset of winter. Cleanup will be completed next year

Millwork West - Work is proceeding according to plan. The new floor has been installed in the new building to which Millwork West has been relocated. The planer has been moved to the new building. W.R. Grace is proceeding with demolition of the buildings on the export plant site and with excavation of the old building foundation. EPA is overseeing all W.R. Grace cleanup activities at the export plant site.

Rainy Creek Road - Rainy Creek Road has been paved.

County Landfill - The new cell at the landfill is completed. A contract concerning payment to the County for use of the cell is being developed.

Residential Cleanups - Cleanup of ten residential properties has been completed so far this fall, and work is continuing at two other properties. This winter work will be limited to indoor insulation removal; no outdoor work will occur. Insulation removal will begin shortly in eight to ten residences. The insulation will be removed first from houses in which people are not now living to avoid having to relocate people during the holidays while cleanup occurs. Because the initial residential cleanups have been too costly and have taken too long, EPA will not reach the total of fifty residences cleaned this year. The 2002 budget year funds are almost all expended, and 2003 budget year money is not yet available. Planning is underway to ensure that cleanups will be more efficient, less costly, and quicker next year. The order of priority for the work will be first cleanup of indoor contamination, then cleanup of outdoor contamination, then designation of those properties that do not need cleanup, and then addressing the in between cases, i.e. houses with only low levels of contamination. The Libby team has requested \$21.1 million for the 2003 budget year, but headquarters has only approved \$17.6 million, promising a re-evaluation mid-year. Region 8's budget may make up the short-fall.

Sampling and Screening - Some 3,500 properties have been screened, and soil samples have been taken at 3,000. Results of the soil sampling are not yet available. As has been explained at previous CAG meetings, existing analytical techniques have not proven accurate enough to make cleanup decisions in Libby. EPA, USGS and others have developed and are testing new techniques which are much more accurate and have more reasonable costs. The new techniques are accurate for our purposes as much as 95% of the time down to a detection level of .1%. As soon as the new techniques are officially approved, the soil samples will be run. This winter,

the screening contractor, CDM, will be wrapping up the surveying and inventory work.

#### Use of Local Labor

A list of EPA contractors working in Libby along with their total number of employees on site and the number that have been hired from Libby follows:

Marcor - 20 total on site, 12 local hires;

KUO Environmental Services - 14 total on site, 6 local, 3 Bonners Ferry, 1 Montana; and

ER - 18 total on site, 9 local, which will increase to 16 as the cleanup continues.

Future Superfund cleanup work will be subject to competitive bids, and bidders relying on local hires will probably have the lowest cost.

Air Sampling - The promised CDM summary of all Libby air sampling is not yet finished but soon will be. The summary will be available at the EPA Information Center.

Stimson - Jim Christiansen met this afternoon with Stimson officials to discuss the sampling that has been conducted on the mill property this fall. A report of the sampling results is not yet available but should be in a matter of days and no longer than two weeks. The report will be given first to Stimson so that it can share results with its employees. OSHA standards were not exceeded during the sampling. Some fibers were detected and some cleanup is needed.

EPA Program Transition - In December, the Superfund cleanup managed by Jim Christiansen will take over in Libby from the Emergency Response effort that Paul Peronard managed. Mr. Peronard will still welcome calls from Libby Community members and will still visit Libby occasionally.

*Audience Member Question - What is the cleanup cost per residence to date?*

Answer - The per property cost of cleanup and restoration has averaged about \$230 thousand. Some of these properties have been larger and more complicated than the average Libby property.

*Audience Member Question - What local contractors have been used by EPA?*

Answer - The list as of November 9, 2002 which will be available at the EPA Information Center is as follows:

<b>CDM</b>	<b>KUO</b>	<b>ER</b>
JRS Surveyors Bonner's Ferry, ID	Kootenai Paving Libby, MT	Robinson Trucking Kalispell, MT
EMSL Laboratories Westmont, NJ	J&M Construction Libby, MT	Crismore Logging Libby, MT
Maxim Laboratories Missoula, MT	Robinson Trucking Kalispell, MT	Northern Lights Security Kalispell, MT
	Juntunen Trucking Kalispell, MT	
	Argus Services Missoula, MT	
	Northern Lights Security	Kalispell, MT

*Audience Member Question -  
How many homes are in line to*

*be cleaned?*

Answer - Some 600 residences have Zonolite insulation. Others have outside contamination.

*Audience Member Comment - At \$230 thousand per house, it will be cheaper to destroy the houses and rebuild them.*

Answer - Right now, yes. EPA is aware that the cleanup cost is too high. The initial cleanups were conducted under the Emergency Response Program on a time and material basis, generally the most expensive approach, which is not used to clean a large number of homes. As the transition to the Superfund Remedial Program occurs, EPA intends to apply the data collected to date and planning and different contracting approaches to lower the cleanup cost towards the \$40,000 per property goal. However, because Libby is remote, has a shorter construction season, and has complicated cleanups involving indoor and outdoor contamination, the cleanup costs may be higher than at other locations.

*Audience Member Comment - The amount expended to cleanup and restore each house should be capped.*

*Audience Member Comment - Governor Martz conditioned her support for the Superfund designation upon using as many local contractors as possible. I understand that some people who applied for cleanup work were*

*turned down because they could not speak Spanish.*

Response - No one has been turned down because of lack of Spanish speaking. One of EPA's contractors, Marcor, indicated that Spanish speaking would be a hiring advantage because some of its personnel are Spanish speakers. EPA does not set the specifications for hiring by its contractors. They are aware of EPA's intention to hire locally.

*Audience Member Question - J&M Construction is not getting its share of hours. Who is supposed to be policing the work?*

Answer - EPA. Please talk to us after the meeting about this situation.

*Audience Member Comment - Paul Peronard has told us that bids are awarded to the lowest bidder. The contractor chosen to haul 40 thousand cubic yards of aggregate bid \$5.25 more than other bidders. Any extra cost should be allocated to pay for medical bills of Libby people.*

Response - I am not aware of the specifics of the instance you mentioned. I can tell you that EPA is concerned when the bids of three local firms come in at the same price which is \$5/yard more than a firm from Kalispell bid.

*Audience Member Comment - Top soil is being hauled to the Screening Plant site and then to houses instead of directly to the houses.*

Response - What you describe is happening. I do not know why. Moving dirt from one place to another does appear wasteful. Please give the program transition a chance to lower costs.

*Audience Member Question - Did Jim Christiansen meet with the TAG Committee and report on asbestos testing on pig cells?*

Answer - Yes, Mr. Christiansen did meet with the TAG committee and discussed preliminary results of toxicological work by the USGS. USGS tested how lethal concentrations of different types of asbestos are to cells that Mr. Christiansen thought were pig cells, although he was not sure of the cell source. Thirty asbestos samples were taken from the Libby mine and tested. The results of the tests indicated that the survival rate due to exposure to Libby asbestos was generally about 5% compared to about 50% from the other asbestos types. These results of these crude tests appear to be fundamentally different, and the Libby asbestos is apparently more toxic. The reason for the difference and the increased toxicity is not well understood. The Libby samples were fresher and this may be a contributing factor. Fresher samples will have a "cleaner" surface areas than the other samples, and the surface area may affect how the asbestos is deposited on the cells.

*CAG Member Question - How much time does Jim Christiansen*

*plan to spend here in Libby?*

Answer - Generally, two weeks per month unless circumstances demand more.

*Audience Member Question - Did the air sampling at Stimson measure only asbestos?*

Answer - Yes, EPA sampled only for asbestos.

*Audience Member Comment - I am concerned that the two flaggers at Rainy Creek Road may be exposed to asbestos in dust. They should be wearing respiratory protection.*

Response - This concern is noted.

*Audience Member Question - What was the total cost of paving Rainy Creek Road?*

Answer - \$250 thousand.

Asbestos-Related Health Care Project - Wendy Thomi passed out to the CAG and audience copies of the fact sheet on the Asbestos-Related Health Care Project, the non-profit corporation that will administer the \$2.75 million received from W.R. Grace as a result of the consent decree in the litigation over access to the mine. A copy of the handout is included below in Appendix 2.

## **ATSDR Report**

Dan Strausbaugh reported on behalf of ATSDR on the following topics.

Tremolite Asbestos Registry - The Office of Management and Budget has formally designated ATSDR's list of former

W.R.Grace workers and their household contacts as the Tremolite Asbestos Registry (Registry). The same ATSDR contractor that ran the medical screening in Libby, NORC, is managing the effort to compile the Registry. NORC has obtained from EPA Region 8 a list of W.R. Grace former workers and is attempting to locate, contact and interview the former workers and their household contacts. To date, out of the total of 2,000 former workers, NORC has identified 781 as deceased and has interviewed 600 of those still living. Out of 1,245 household contacts identified, NORC has determined that 424 are deceased. Apparently, some people who have been called by NORC have been confused about the purpose of the call and/or concerned that NORC is requesting personal identification over the telephone. Anyone who receives such a call and who has a question or a concern can call Mr. Strausbaugh toll free at 1-866-457-2690 X 5007. ATSDR has issued nationally a press release about the Registry and its purpose.

#### ATSDR Libby-Related Reports

- The final report on the mortality study has been released and copies were supplied to CAG members some months ago. The final reports on the medical testing and the CT study have not yet been released, and additional delay is anticipated because the study authors are seeking to publish their results in the



*Journal of the American Medical Association (JAMA).* JAMA requires that the content of its articles not previously be released to the public. ATSDR sees value in having the articles published in JAMA because it is widely read by the scientific community. However, if CAG members want the final reports on the medical screening and the CT study released as soon as possible, Mr. Strausbaugh will try to expedite their public release. A preliminary draft of the Public Health Assessment of Libby has been written and is being reviewed by the relevant agencies including the State of Montana, EPA, and the Center for Disease Control. Once this review is finished, the draft will be released for public comment. The assessment author, Jill Dyken will prepare a response to all questions for Libby for inclusion in the assessment. The assessment report including the response to comments should be released early next year.

*CAG Member Comment - My daughter received a call regarding the Tremolite Disease Registry in which she was asked for her social security number which she refused to supply. The caller apparently would not accept this refusal and called back several times.*

Response - People are justifiably concerned about giving out such personal identification information over the telephone. If anyone receives such a call and is concerned, please call Dan Strausbaugh at the number listed

above.

*Audience Member Comment - I too was called and was not asked if I had been diagnosed with asbestos-related disease.*

Response - The first step in the Registry process is a telephone call to identify former W.R. Grace workers and their household contacts. A letter will then follow requesting additional information.

*CAG Member Question - Why is a social security number needed?*

*CAG Member Question - Why is NORC reasking questions that were answered in the medical screening process?*

Answer - Apparently the people compiling information for the Registry do not have access to the medical screening data. I will ask people involved with the Registry to come to Libby and explain their process to you.

*CAG Member Comment - When was the press release issued?*

*The Montanian did not receive a copy; nor did I see it in our local papers or television, nor did I hear about it on the radio.*

Answer - The press release was issued nationally last week.

*CAG Member Comment - I did read a story about the Registry in the Western News.*

*CAG Member Question - Did the press release give background about the Libby asbestos contamination?*

Answer - No. It simply

explained the Registry.

*CAG Member Question - Will the Registry be expanded to include former Libby residents?*

Answer - I do not know when it will be expanded beyond former W.R. Grace workers and their household contacts. This would be a good question to ask the people involved directly with the Registry when they come to Libby.

### **State Report**

Gerald Mueller read the letter included below as Appendix 3 at the request of Dr. Michael Spence, Montana Medical Officer, who had a schedule conflict with this CAG meeting.

*CAG Member Comment - I am concerned that the screening proposed by the state would only have one B-Reader rather than the three used in the previous ATSDR screening. The CT study showed that 98 out of the total of 353 people in the study had signs of plural abnormalities that two out of the three B-Readers missed.*

### **CARD Clinic Report**

Kerry Beasley reported on behalf of the CARD Clinic. She stated that as mentioned in Dr. Spence's letter read by Mr. Mueller, members of the CARD Clinic Board of Directors did meet with Dr. Spence and Jean Branscum, Governor Martz' policy advisor, to discuss the additional screening and the CARD Clinic's possible role in it. At the September 26 meeting referenced

in the letter, the CARD Board members asked that the state and the CARD Clinic develop the framework together. However, this did not happen so the CARD Board wrote to Dr. Spence and Board members had a subsequent meeting with Dr. Spence and Ms. Branscum to express the following concerns:

- The local health care providers should be involved in the development of the screening so that the existing technical infrastructure would not be reinvented;
- The screening should have a patient centered approach;
- The experience of the local health care providers should be utilized;
- The additional screening should have continuity with the previous ATSDR screening;
- The screening should include a referral to the local health care providers for people needing urgent medical care;
- Added expense for Libby people should be eliminated; and
- The state should work collaboratively with the CARD Clinic.

John Konzen, Pat Cohen, Brad Black, Rick Palagi, and Ms. Beasley will meet with Jean Branscum and Dr. Spence the week of Dec. 11 to further clarify local Libby healthcare system providers involvement in the future ongoing screening process.

*CAG Member Question - Does the CARD Clinic share my*

*concern about the state's intent to use only one B-Reader in the additional screening?*

Answer by Dr. Black - I understand your concern. The screening is not meant to be a diagnostic study. From a clinical standpoint, a B-Reader does not provide a diagnosis. The screening identifies the need for a diagnosis. If a person gives her or his consent, the CARD Clinic can review the screening results and conduct a full assessment. In other words, the CARD Clinic can to some extent make up for the use of one rather than three B-Readers.

*CAG Member Question - Will the state share its screening funding with the CARD Clinic?*

Answer - No, but if the CARD Clinic does the spirometry, then it will receive revenue from the state. The CARD Clinic will need revenue from other sources.

*Audience Member Question - Who decides whether someone gets treatment?*

Answer by Dr. Black - Representatives of W.R. Grace's contractor, Health Net America, decides if someone is eligible for the W.R. Grace medical plan. Health Net America contracts with a B-Reader who reads an X-ray and decides. I am not sure who the specific person is who decides because it changes. Eligibility is determined only by an X-ray, not symptoms or exposure history. The CARD Clinic will assist people to obtain the medical care they need, but it does not decide eligibility for the

W.R. Grace medical plan.

*CAG Member Comment - If you are eligible, the W.R. Grace plan provides good treatment coverage for an insurance company; it pays well for asbestos-related disease. There are, however, gaps in the W.R. Grace plan which is why we need to continue to seek additional funding for medical care. St. John's is a charity hospital, we do not turn people needing urgent medical care away. We provide financial counseling and charity care.*

*Audience Member Comment - I was diagnosed with asbestos-related disease but denied treatment.*

Response by Dr. Black - Any X-ray study is subject to different interpretations. A CT scan is a more accurate diagnostic tool. Scarring from tremolite asbestos is different than from other forms of asbestos. Since tremolite exposure was not known around the country, tremolite scarring is sometimes missed. The CARD Clinic will continue to work with people to get the health care they need.

*CAG Member Comment - W.R. Grace's eligibility determination cannot be appealed. We remain at the mercy of W.R. Grace.*

*CAG Member Comment - The Asbestos-Related Health Care Project will use the \$2.75 million to pay for asbestos-related medical care not covered by the W.R. Grace medical plan.*

*Audience Member Question - Is the \$250 thousand that W.R. Grace has paid annually to St. John's Lutheran Hospital used to cover asbestos-related medical costs?*

Answer - Yes. These funds are used for the CARD Clinic, X-rays, CT scans, and other tests.

## **County Report**

Dennis Alexander, a grant writer who with his partner Tracy Velazquez is under contract with Lincoln County to seek grant funds to support health care in Libby, reported on the following grant activities.

Community Health Center - A grant is being submitted to the US Department of Agriculture to fund capital improvements of the Community Health Center. The Center needs additional funding for a pharmacy and for dental care.

Economic Development - The grant writers may also pursue economic development grants from EPA and other federal agencies to mitigate for the closure of the Stimson mill.

Environmental Justice Grant - The County has received an Environmental Justice grant to identify students who attended Libby schools and therefore may have been exposed to asbestos at school or via other exposure pathways.

Long-Term Medical Care - The grant writers are working behind

the scenes with Governor Martz' committee and with Senator Baucus.

*Comment by Kirby Maki - Virginia Bland and a list of volunteers are working to compile the list of present and former Libby school children. Using the \$12 thousand Environmental Justice grant, they are tracing the children and developing a data base beginning with present enrollment and working back in time. We will provide the children with asbestos-related health information. Mr. Maki also introduced Melody Rohr who, along with a student volunteer, is video taping the CAG meeting. The video tapes will be available to make copies.*

*CAG Member Comment - The local cable channel has agreed to run the tapes if they can be converted to VHS format.*

*CAG Member Question - Will copies of the meeting tapes be available at the EPA Information Center and the library?*

*Answer by Kirby Maki - We will try to make copies available at these locations.*

## **Sources of Funding for Libby Medical Care**

Clinton Maynard brought to the CAG's attention two possible sources of funding for Libby's long-term health care needs. He stated that Libby is unlikely to get funding from both sources.

Superfund Legislation - As



reported in Mr. Maynard's letter which he read at the October 10, 2002 CAG meeting, the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (Superfund Act) provides that in cases of public health emergencies caused or believed to be caused by exposure to toxic substances, the Administrator of ATSDR is required to provide medical health care and testing in cooperation with the Administrator of the Environmental Protection Agency, the Commissioner of the Food and Drug Administration, the Directors of the National Institute of Medicine, National Institute of Environmental Health Sciences, National Institute of Occupational Safety and Health, Centers for Disease Control and Prevention, the Administrator of the Occupational Safety and Health Administration, the Administrator of the Social Security Administration, the Secretary of Transportation, and appropriate State and local health officials.

Senate Bill 3161 - Senator Baucus has introduced legislation to provide \$20 million for Libby the health care of people of Libby that suffer from asbestos-related diseases with the proviso that no one individual may receive more than \$100 thousand.

*CAG Member Question - Has the public health emergency referred to in the Superfund Act ever been used to provide funding for*

health care?

Answer - No.

*CAG Member Comment - Until the federal administration changes, a declaration of a public health emergency will not be possible.*

*Audience Member Comment - A public health emergency must be declared first by Lincoln County.*

*CAG Member Comment - Another piece of federal legislation known as the white lung program would establish a fund to compensate only mesothelioma victims.*

*CAG Member Comment - We need to work to carve Libby out from any federal white lung program.*

## **Medical Health Plan**

Clinton Maynard reminded the CAG that Intermountain Administrators working with a CAG subcommittee developed a health plan two years ago. Eligibility was not based on identifiable symptoms. Since we have a medical plan we need to be proactive and seek funding for it.

*CAG Member Comment - The eligibility criteria were developed in part to assure coverage for people who had not been screened. The ATSDR medical screening rendered this point moot. This document has reviewed by the CAG twice. Senator Baucus has a copy of the plan. The critical point is that*

*we have no funding to implement it.*

**Public Comment**

There was no additional public comment.

**Next Meeting**

The next meeting is scheduled for Thursday, December 12 2002 at 7:00 p.m. in the Ponderosa Room of Libby City Hall.

**Appendix 1**  
**CAG Member & Guest**  
**Attendance List**  
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**Appendix 2**  
**Status Report on the**  
**Asbestos-Related Health**  
**Care Project**  
**November 14, 2002**

**What is the Asbestos-Related  
Health Care Project  
(ARIICP)?**

ARHCP is a non-profit corporation formed to receive and administer the expenditure of \$2.75 million received from W. R. Grace. The money comes from a legal settlement (Consent Decree) between W.R. Grace and the EPA related to mine access. W.R. Grace paid the money into a special fund for asbestos-related health care not covered under the Grace Medical Plan. The money is currently held in escrow until W. R. Grace and ARHCP sign an agreement and a health care administrator is selected by ARHCP.

**Who administers this money?**

ARHCP is responsible for the administration of the money, but it will do this through a third party administrator (TPA). The TPA must have expertise and experience in health care plans.

**When will this money be  
available?**

The money in escrow will be made available to ARHCP after it has signed an agreement (Agreement) with W. R. Grace.

That should happen within two to three weeks. However, the money will not be available to pay benefits until after ARHCP has selected a TPA. The TPA must be selected within 60 days after the Agreement is signed. After the TPA is selected, ARHCP must approve a medical plan with the TPA within 120 days after the Agreement is signed. The medical plan must be implemented within 150 days after signing the Agreement. Benefits will be available to eligible individuals after the plan is implemented.

**Who will be eligible to receive benefits?**

The Plan will pay the screening costs for people who are screened using the same eligibility guidelines that the Agency for Toxic Substances and Disease Registry (ATSDR) used in 2000-2001. The Plan will pay if the screening does not indicate the presence of an asbestos-related disease. The Grace Medical Plan will only cover screening costs if a person is determined to be suffering from an asbestos-related disease. The Plan will also pay some medical/health care costs. People who have lived or worked within a 20-mile radius of the Libby mine or mill for a minimum of six months prior to January 1 of 2000 and who meet the qualifying conditions set forth in the Grace Medical Plan are eligible.

**What types of health care will be covered?**

There are two categories of benefits. One is related to screening, and the other is related to medical/health care costs. The ARHCP will pay for asbestos-related disease screening (x-rays and lung function test) that is not covered under other programs. In addition, for people who have a qualifying condition under the Grace Medical Plan, certain medical services will be covered that are not covered under the Grace Plan.

Some examples of proposed supplemental coverages are:

- nursing home care
- prescription drugs
- home health care

**Whom can I call if I have other questions or want to get a status update?**

<b>ARHCP</b>	Gary Spencer	293-4109
<b>EPA</b>	Matt Cohn	303-312-6853

## **Appendix 3**

5 November 2002

Card Clinic Transition Committee  
308 Louisiana Avenue  
Libby, Montana 59923

Dear Committee Members:

I want to thank you for your recent letter of inquiry concerning the interactions of the Montana Asbestos Screening and Surveillance Activity and the CARD clinic. Your letter was received in my office on October 25, 2002. Dr Henry Falk, the Assistant Administrator for the Agency for Toxic Substances and Disease Registry (ATSDR) and I discussed these very issues at some length at the CARD clinic offices with Drs Brad Black and Aubrey Miller and Rebecca Manna and Devin Goodman from the office of Senator Max Baucus on September 26, 2002. In addition, I made a presentation to the Governor\*s Task Force Teleconference and the Citizen\*s Advisory Group (CAG) of the screening program on October 10, 2002 and subsequently answered the questions of those groups. Nonetheless, there still appears to be some misunderstanding and concern about what the Montana Department of Public Health and Human Services is going to do. In the following paragraphs I will reiterate what is planned for the ongoing screening and surveillance program.

First let me say that we in Montana are very fortunate. Our governor and our congressional delegation, from both sides of the aisle, have been extremely

responsive and helpful in addressing, in many different venues, the tragedy that has befallen Libby and the Lincoln County community. In addition, the Lincoln County Commissioners, the Mayor of Libby, the Libby City Council and many concerned citizens have continued to be supportive in addressing the asbestos related issues. I am not sure that such an extensive effort to address this problem from such a diverse group could take place in any other setting.

I want to make it perfectly clear that the purpose of the Montana Asbestos Screening and Surveillance Activity is not to, in any way, detract from, replace or diminish the activities of the CARD clinic. Just as occurred in the previous screening activities that were conducted by the ATSDR there will be no duplication of the services that are conducted by the CARD clinic. Quite the contrary, the screening and surveillance program will identify individuals that can be served by the CARD clinic. It is well understood that the CARD clinic, as you indicated in your letter, is a facility for the diagnosis, assessment and a continuity of ongoing care for individuals with asbestos related disease. Although you did not mention it in your letter, the CARD clinic, as I understand it, will also undertake a research function and seek funding in this area. The screening program's function is to identify individuals that potentially have asbestos related disease. This is neither a diagnostic nor an assessment

function. The screening program to be effective needs a healthcare provider resource in which to refer potentially affected patients for diagnosis, assessment and care as necessary.

The Montana Asbestos Screening and Surveillance Activity (MASSA) will do exactly as the name implies, medical screening and surveillance. The screening activities are being designed in collaboration with the ATSDR to be conducted in a manner as closely as possible to what was done in the screening of the first 7,307 individuals that participated in the program. The major difference being that the screening will be conducted year round instead of in blocks of time. This will allow individuals that were not able to meet the time constraints of the previous screenings to participate. The MASSA will work very closely with the ATSDR, as that agency is a valuable resource for the screening and surveillance program. The ATSDR input is critical in order for us to gain a better understanding of the epidemiology and natural history of Asbestos related disease. This is particularly true as we re-screen those individuals that have previously been screened and found to be negative. The same documents for the obtainment of written, informed consent to participate in the screening will be utilized. In addition, we will request the participant to give us written, informed consent to participate in the Tremolite Asbestos Registry that is being developed by ATSDR. The same epidemiological questionnaire that was used in previous screening

will be administered by individuals trained in its administration, the three-view chest X-rays will be taken by St. John's Lutheran Hospital utilizing the same techniques as in the previous screenings and will have immediate readings, by a Board Certified Radiologist, to identify disease that might require urgent attention. The chest X-rays will then be sent to a Certified B-reader to determine if there is evidence of findings consistent with asbestos exposure and/or other pneumoconioses. The spirometry (pulmonary function testing) will be conducted by individuals that have been licensed and/or certified to conduct these studies. The quality assurance of the spirometry and the review of the results will be conducted by Board Certified pulmonary professionals from the National Jewish Medical Center.

It is not in the plans of the Montana Asbestos Screening and Surveillance Activity to re-screen, reevaluate make diagnostic assessments or provide continuity of care to any individual that has been found to have a "positive screen" or evidence of possible asbestos related disease. We feel that this is the role of the individual's healthcare provider and/or the CARD clinic. The program's emphasis will be placed on offering screening to eligible individuals that have not been previously screened and those individuals that have previously undergone screening and were found to have "negative screens" with no evidence of asbestos related health issues.



Upon obtaining and assembling all of the results of the screening activities the program will contact the individual that was screened and give them a letter indicating the findings. They will then be referred to a health care provider of their choice and their test results will be given to them or sent to their provider, dependent upon their wishes. it is the program\*s desire to link the screening process with the diagnosis, assessment and care continuum as seamlessly and user friendly for the participant as possible.

Although the disbursement of federal funds has very specific guidelines that must be adhered to, it is the intention of the program to assure that as much of the funding as possible, with the exception of the purchase of consultative services not available in Libby, is infused into the Lincoln County community. We plan to utilize Lincoln County residents for the personnel activities. The program will also provide training, as necessary, for these individuals at the program\*s expense to assure that they have the necessary skills and/or certification to conduct the activities for which they have been hired. Furthermore, we will establish and either lease or buy the screening facility in Libby, conduct renovations of the facility as necessary employing Lincoln County contractors, lease and/or purchase all of the furniture and equipment from Lincoln County merchants and have all services such as housekeeping and office supplies provided by Lincoln County agencies.

I hope that this letter addresses

your questions and concerns. If I can be of any further assistance in addressing issues concerning the screening activity please do not hesitate to contact me.

Sincerely,

Michael R. Spence, MD, MPH  
Chief Medical Officer

Cc: Governor Judy  
Martz  
Senator Max  
Baucus  
Senator Conrad  
Burns  
Representative  
Denny Rehberg  
Lincoln County  
Commissioners  
Libby City Council  
Mayor Tony  
Berget

Dr. Henry Falk  
Dr. Vikas Kapil  
Dr. Brad Black  
Mr. Rick Palagi  
Dr. Gail Gray